

<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. D0188.70162US01	
Application No. 10/014,991-Conf. #4207	Filing Date December 11, 2001	Examiner V. Q. Bui	Art Unit 3773	

Applicant(s): Gregory E. Sancoff et al.

Invention: MEDICAL SUTURE INSTRUMENT AND METHOD OF USE (ONUX SALUTE AND TOUCHE´ DEVICES)

**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.  
The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	54	- 54 =		x	
<b>Independent Claims</b>	17	- 17 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
<b>Other fee (please specify):</b> Extension for response within third month					1,110.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					1,110.00

☒ Large Entity
 ☐ Small Entity

☐ No additional fee is required for this amendment.

☐ Please charge Deposit Account No. 23/2825 in the amount of \$ \_\_\_\_\_.

☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.

☒ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 23/2825 as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.
   
☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

/Walt Norfleet/  
 Walt Norfleet  
 Attorney/Agent Reg. No.: 52,078

Dated: November 12, 2009

WOLF, GREENFIELD & SACKS, P.C.  
 Federal Reserve Plaza  
 600 Atlantic Avenue  
 Boston, Massachusetts 02210-2206  
 617.646.8000

<b>Certificate of Electronic Filing Under 37 CFR 1.8</b> I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4). Dated: November 12, 2009		Electronic Signature for Eileen M. MacKenzie: /Eileen M. MacKenzie/
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